

## UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA

## TRANSCRIPT ORDER FORM

Use one form per court reporter

**\*\*Please read instructions on next page\*\***

1. ATTORNEY NAME Rob Cameron	2. PHONE NUMBER (406) 389-8244	3. EMAIL ADDRESS (for transcript delivery) jkessler@jmgattorneys.com					
4. MAILING ADDRESS (including law firm name, if applicable) Jackson, Murdo & Grant, P.C. 203 North Ewing Helena, MT 59601	5. NAME & ROLE OF PARTY REPRESENTED: If not a party, use non-party request form. TikTok Inc, Consolidated Plaintiffs						
	6. CASE NAME Alario, et al v. Knudsen; TikTok, Inc v. Knudsen						
	7. DISTRICT COURT CASE NUMBER 9:23-cv-00056-DWM; 9:23-cv-00061-DWM						
8. COURT REPORTER NAME: Use a separate form for each court reporter. JoAnn Corson	9. COURT OF APPEALS CASE NUMBER (if applicable)						
10. THIS TRANSCRIPT ORDER IS FOR:							
<input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> NON-APPEAL <input type="checkbox"/> CJA (AUTH-24 filed in e-voucher) <input type="checkbox"/> IN FORMA PAUPERIS (court order attached)							
11. TRANSCRIPT REQUESTED: For each transcript requested, please specify the date of the proceeding, the proceeding or partial proceeding requested, the transcript format, and the delivery time. Financial arrangements must be made with the court reporter before transcript is prepared.							
DATE	PROCEEDING If requesting a partial proceeding, specify portion (e.g., witness or time).	PAPER Full Size	PAPER A-Z Word Index	E-MAIL PDF	E-MAIL ASCII	E-MAIL A-Z Word Index	DELIVERY TIME
10/12/2023	Preliminary Injunction Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day
12. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:							
13. SIGNATURE /s/ Rob Cameron				14. DATE 10/20/2023			